

CLAIMS ONLY

Application Number

10/697310

"Filling" Date

Applicant(s)

CLAIMS	<i>AS FILED</i>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2	/					
3	/					
4		/				
5		/				
6		/				
7		/				
8		/				
9	X	X				
10	X	X				
11	X	X				
12	X	X				
13	X	X				
14	X	X				
15	X	X				
16	/					
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47						
48						
49						
50						
Total Indep.	4					
Total Depend.	12					
Total Claims	16					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depe
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Total Indep.						
Total Depend.						
Total Claims						